Spontaneous Hæmopneumothorax

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Massive hæmorrhage is a rare complication of spontaneous pneumothorax (Agnew, 1955). The pneumothorax often arises as the result of rupture of a subpleural cyst or bleb (Coope, 1945). It is presumed that, with the collapse of the lung, pleural adhesions are torn. It is from the torn parietal ends of these adhesions, which are uninfluenced by the collapsed lung, that bleeding may arise (Hartzell, 1942). The condition is very often serious and carries a mortality rate of between 15 and 25 per cent. (Calvert and Smith, 1955; Ross, 1952).

The following case exhibits some of the features of this condition.

Case Report.

A 22-year-old male fitter was admitted to hospital on the 20th November, 1956. Two days prior to this day he was seized with a severe pain in the left chest and, at the same time, experienced a sensation as if water was running down his back. He remained at work, but eventually had to stop because of breathlessness on exertion and a feeling of faintness. The other significant symptoms were those of flatulence and vague epigastric pain over the preceding twelve months.

The patient, while lying flat, was not distressed in any way, but, on sitting upright, he became faint and began to sweat. The pulse was 100 per minute, blood pressure 80/60, and the heart sounds were normal, temperature 99° F. There was a left-sided pleural effusion extending to the sixth rib posteriorly which displaced the mediastinum to the right. A portable chest X-ray confirmed the presence of the effusion and showed a small apical pneumothorax not detectable on clinical examination. The patient was observed for several hours, during which time his condition did not change.

A thoracentesis was then performed and the effusion was partly emptied by the withdrawal of three and a half pints of sanguineous fluid. Following this, the patient felt better, and the blood pressure was recorded at 110/70. After centrifuging the pleural fluid it was found that one-third of the volume was red blood corpuscles. There was no evidence of further bleeding. Five days later the pleural cavity was finally emptied by the withdrawal of three pints of similar fluid.

Four weeks after admission the chest was clinically normal and a tomograph of the left lung showed no abnormality. Subsequently it has been found that culture of sputa and gastric washings has failed to grow tubercle bacilli. In the earlier stages of the illness systemic penicillin was administered and the iron deficiency anæmia resulting from the hæmorrhage was corrected by intramuscular iron.

This man, when seen recently, was in good health, and had returned to work.

Comment.

This complication of pneumothorax, when it does occur, is most often found in otherwise healthy men between 15 and 45 years of age (Calvert and Smith, 1955). Difficulty may be found in making the correct diagnosis. An acute abdominal condition is not an infrequent "first diagnosis" (Ross, 1952). In our case it was only after the finding of a pneumothorax on chest film that the true nature of the condition was suspected and later confirmed by thoracentesis. In the first instance, in spite of the pleural effusion, it was felt that duodenal hæmorrhage was the cause of the shock; an impression supported by the patient's history of indigestion.

It has been pointed out (Sellors, 1945) that immediate and repeated aspiration, although decreasing the intrapleural pressure, does not restart bleeding and will prevent fibrothorax. Results in this case agree with this statement. Where bleeding does not stop spontaneously, blood transfusion and thoracotomy may be necessary. Clyne and Hutter (1955) regard the condition as a surgical emergency and go so far as to recommend emergency thoracotomy as the treatment of choice in all cases.

References.

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REVIEW

MANAGEMENT IN OBSTETRICS. By Andrew M. Claye, M.D., F.R.C.S., F.R.C.O.G. Second Edtion. (Pp. x + 218; figs. 35. 18s.) London: Oxford University Press, 1956.

This is the second edition of a book which has earned well-deserved popularity. It is intended for the general practitioner and gives advice on obstetrical management. This advice is backed by the wide personal experience of the author, and the methods of treatment recommended are those which he personally has found most useful; a most important feature.

The book is delightful to read, and the quotations which head many of the chapters make one envy the author his capacity for remembering the apt phrase and his extensive knowledge of English literature.

It is a book which deserves a prominent place in every practitioner's library. C. H. G. M.